

Name
in
Full

CERTIFICATE OF DEATH

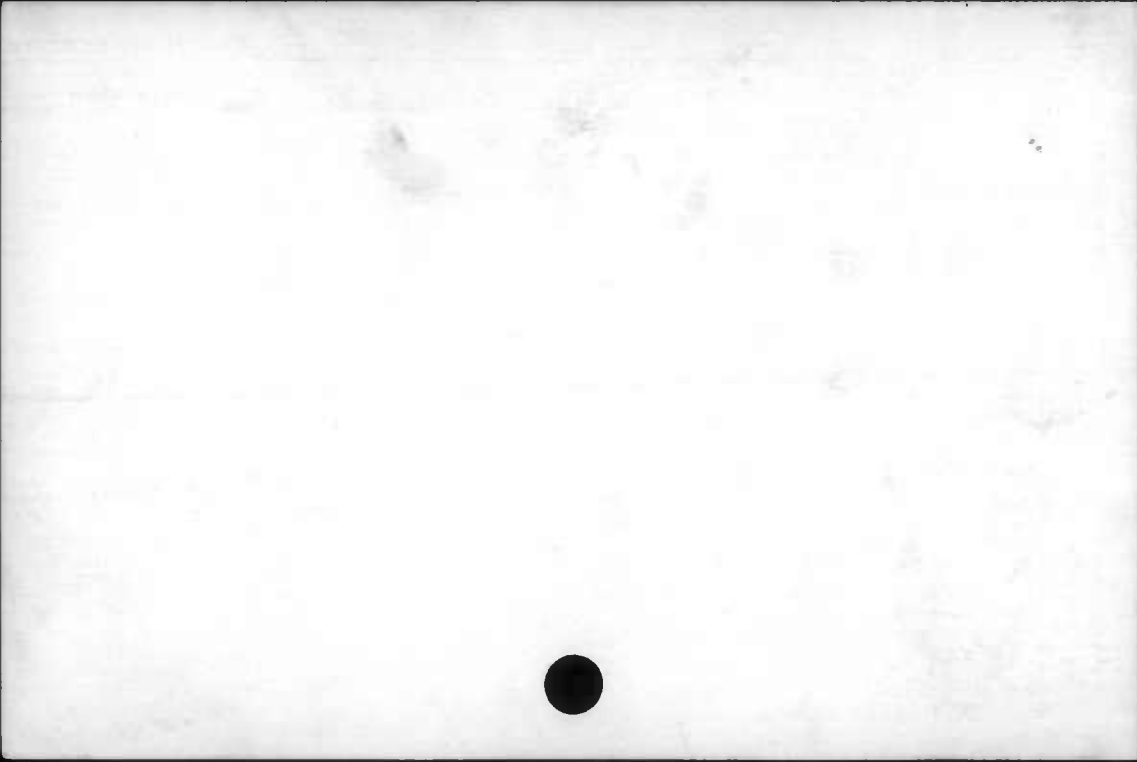
TO BE ANSWERED BY
NEAREST FRIEND

John Wesley Adams		Town		County		MARYLAND	
Died at		near Hillsboro		Crown			
Date of death	1909	Month	5	Day	6	Age	52
Sex	Male	Color or Race	Black	Birthplace	Ind	Months	
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband					
Hennie Adams (Stonford)							
Father's Name	Joshua Adams			Father's Birthplace			
Ind							
Mother's Maiden Name	Mary Stonford			Mother's Birthplace			
Ind							
Name of person giving Information	James H. Adams			How related to deceased			
Brother							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Bright's followed by acute Bright's		How long	150
Immediate	Dropsy & aortic Regurgitation		How long	3
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Robby Hackett	
			Address	
			Queen Anne	
Accident or Suicide		no	Ind	



Name
in
Full

Lidia Berry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

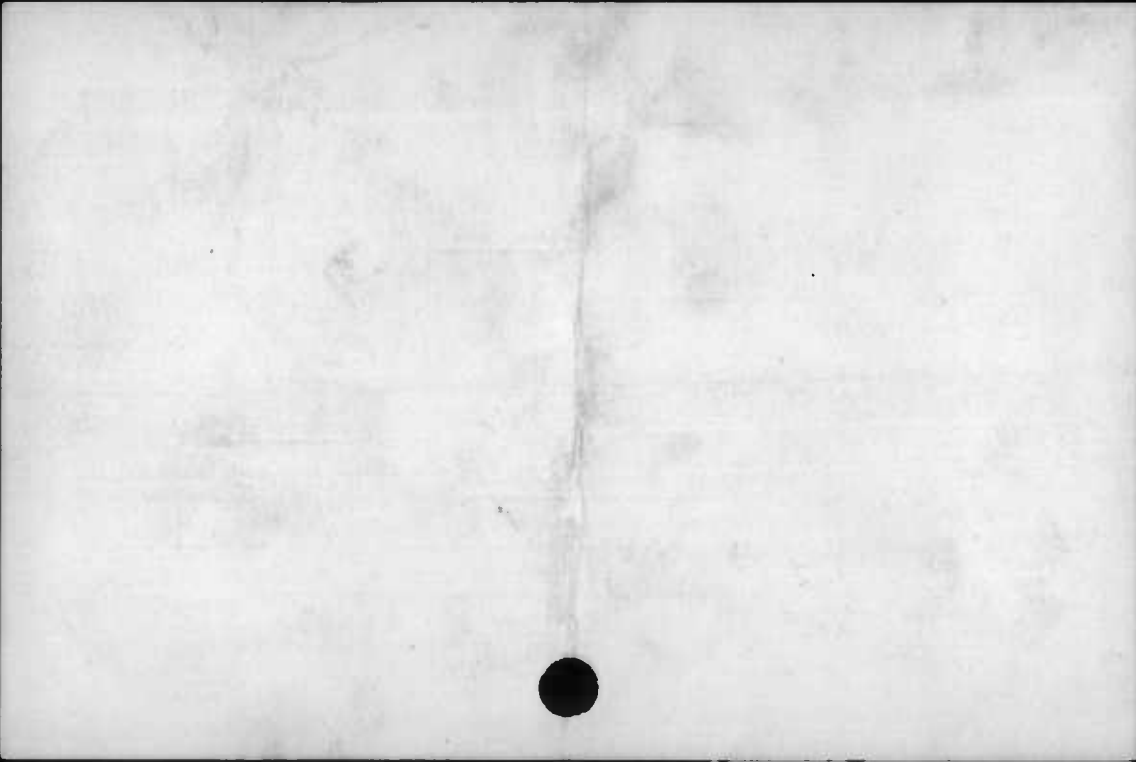
Died at <i>Denton</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death <i>1904</i>	Month <i>5</i>	Day <i>13</i>	Age <i>95</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Caroline Co.</i>			
Occupation <i>Servant</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Jacob Berry</i>				
Father's Name <i>Dont know</i>	Father's Birthplace <i>Dont know</i>				
Mother's Maiden Name <i>Dont know</i>	Mother's Birthplace <i>Dont know</i>				
Name of person giving information <i>Ed. Stinfert</i>	How related to deceased <i>none</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>Years.</i>
Immediate <i>Heart Failure</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Nichols</i>
	Address <i>Denton Md.</i>
Accident or Suicide?	



Name
in
Full

Gladys Muewa Black

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Greenboro

County

Caroline

MARYLAND

Date

of death

1909 May

Day

20

Age

3

Years

Months

1

Days

4

Sex

Female

Color or
Race

Black

Birth-
place

Philadelphia

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Howard Black

Father's
Birthplace

Maryland

Mother's
Maiden Name

Muewa Young

Mother's
Birthplace

Virginia

Name of person giving
Information

Howard Black

How related
to deceased

Father

CAUSES OF DEATH

28

Primary

Subacute Meningitis

How long

Three weeks

Immediate

"

"

How long

Are the name, age, sex, color, data
and place correctly given above?

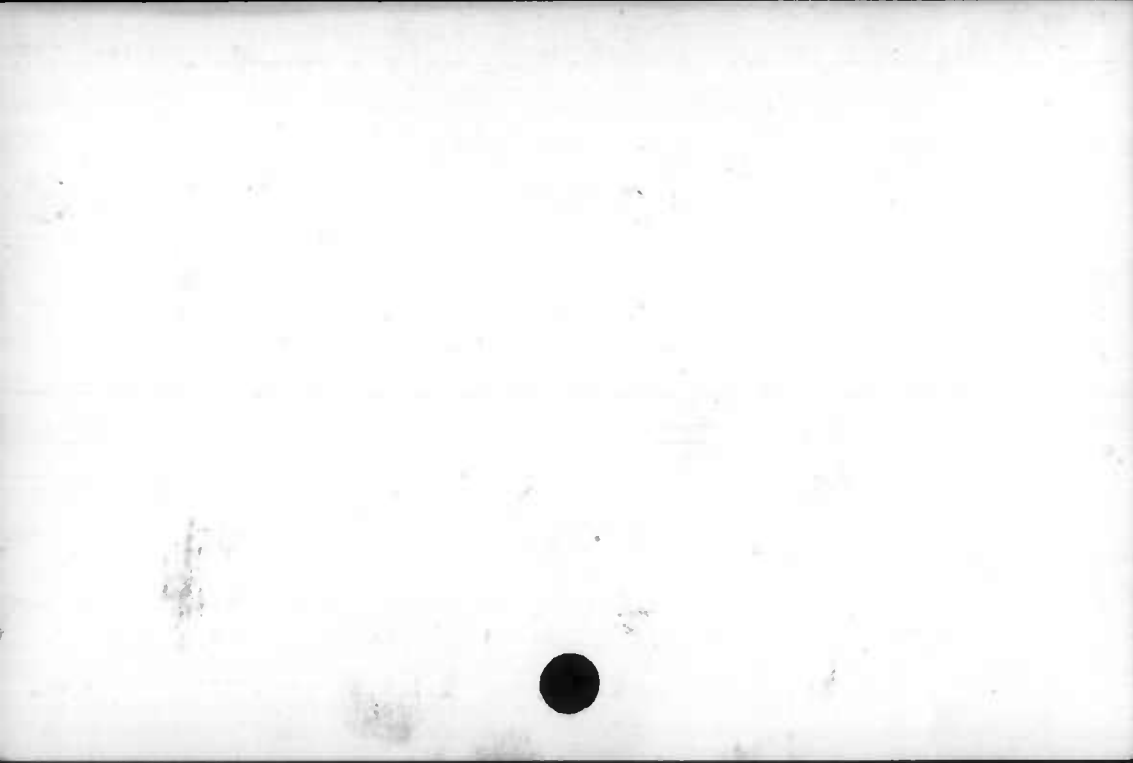
yes

Signature of
PhysicianW. L. Foldsbury
Greenboro, Md.

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

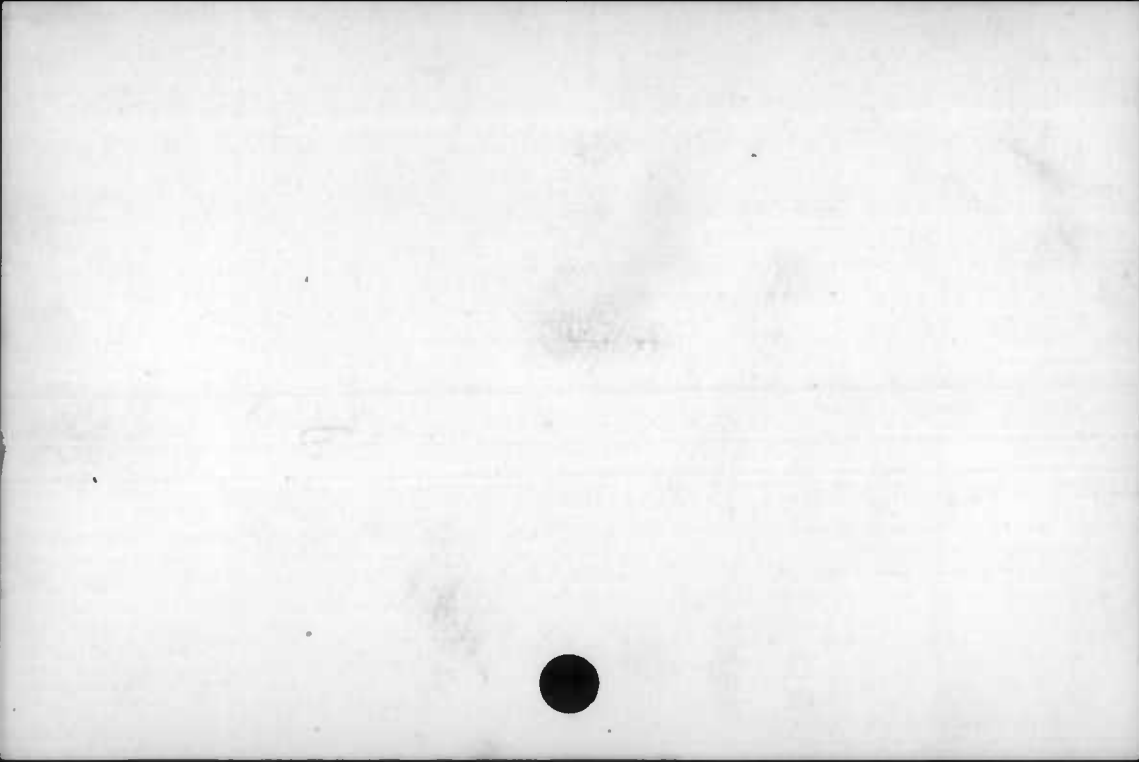
Name *John Cairce, Jr.* Town *Mar* County *Caroline*
Died at *Mar* *Maryland*
Date of death *1909* Month *5* Day *17* Age *32* Years Months *—* Days *—*
Sex *Male* Color or Race *Black* Birth-place *neg.*
Occupation *—* Where Residing if not at place of death *—*

Married, Single or *Widowed* Name of Wife or Husband *—*
Father's Name *John P. Cairce* Father's Birthplace *neg.*
Mother's Maiden Name *Katie Thomas* Mother's Birthplace *neg.*
Name of person giving information *John P. Cairce* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Stic. heart* How long *—*
Immediate *—* How long *—*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. R. Smith, M.D.*
Address *Pennington, neg.*
Accident or Suicide? *—*



Name
in
Full

Sarah E. Coker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Greensboro Town Cassine County MARYLAND

Date of death 190 9 Month May Day 22 Age 78 Years 7 Months 7 Days —

Sex Female Color or Race White Birth-place Greensboro, Md.

Occupation House work Where Residing if not at place of death " "

Married, Single or Widowed Widow Name of Wife or Husband Henry Coker

Father's Name Charles Jones Father's Birthplace Don't know

Mother's Maiden Name Sara Ralston Mother's Birthplace Maryland

Name of person giving Information Henry L. Coker How related to deceased Son

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary Apoplexy How long 24 hours

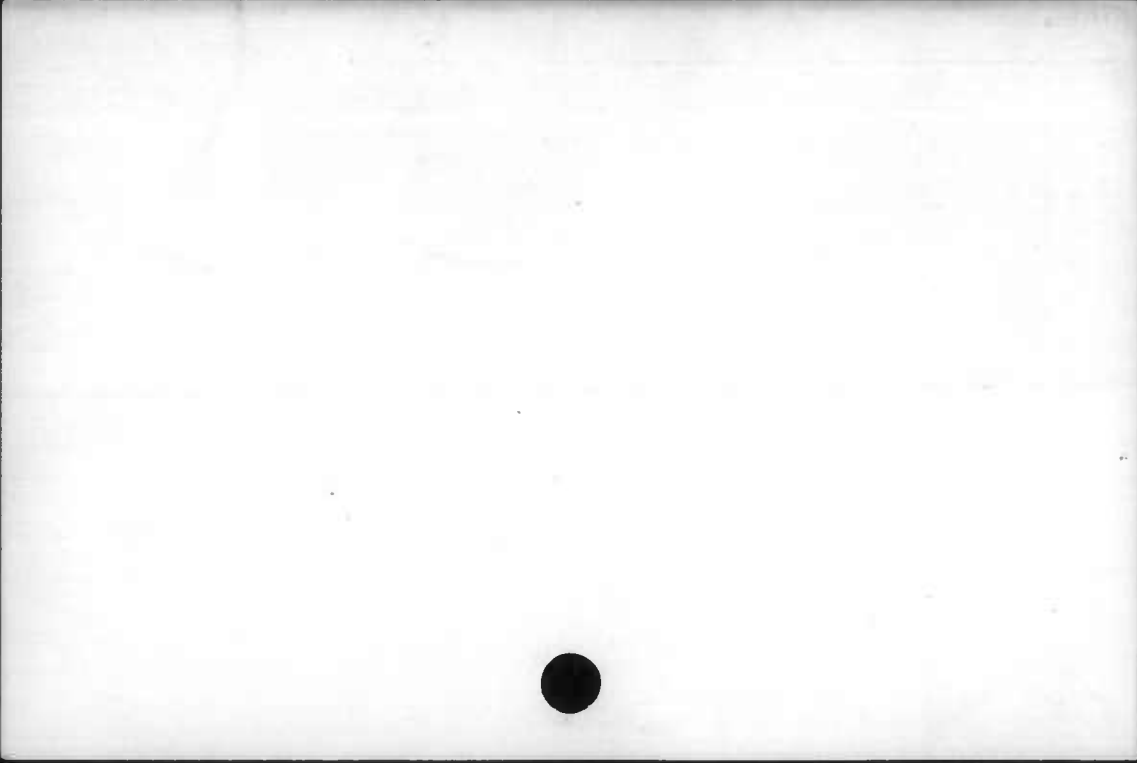
Immediata " How long "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. W. Fedstrong

Address Greensboro Md.

Accident or Suicide "



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jessie May Collins
Died at *Choptank* Town

Caroline County

MARYLAND

Date of death 190 *9* Month *5* Day *7* Age *20* Years Months *1* Days *16*

Sex *female* Color or Race *white* Birth-place *Caroline Co*

Married, Single or Widowed *single* Occupation *housework*

Name of Wife or Husband *none*

Father's Name *John Collins*

Father's Birthplace *Del Sussex Co*

Mother's Maiden Name *Josephine Pritchett*

Mother's Birthplace *Tolbot Co*

Name of person giving information *Mrs Francis M Collins*

How related to deceased *daughter in law*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis*

How long *3 mos*

Immediate *Tuberculosis*

How long

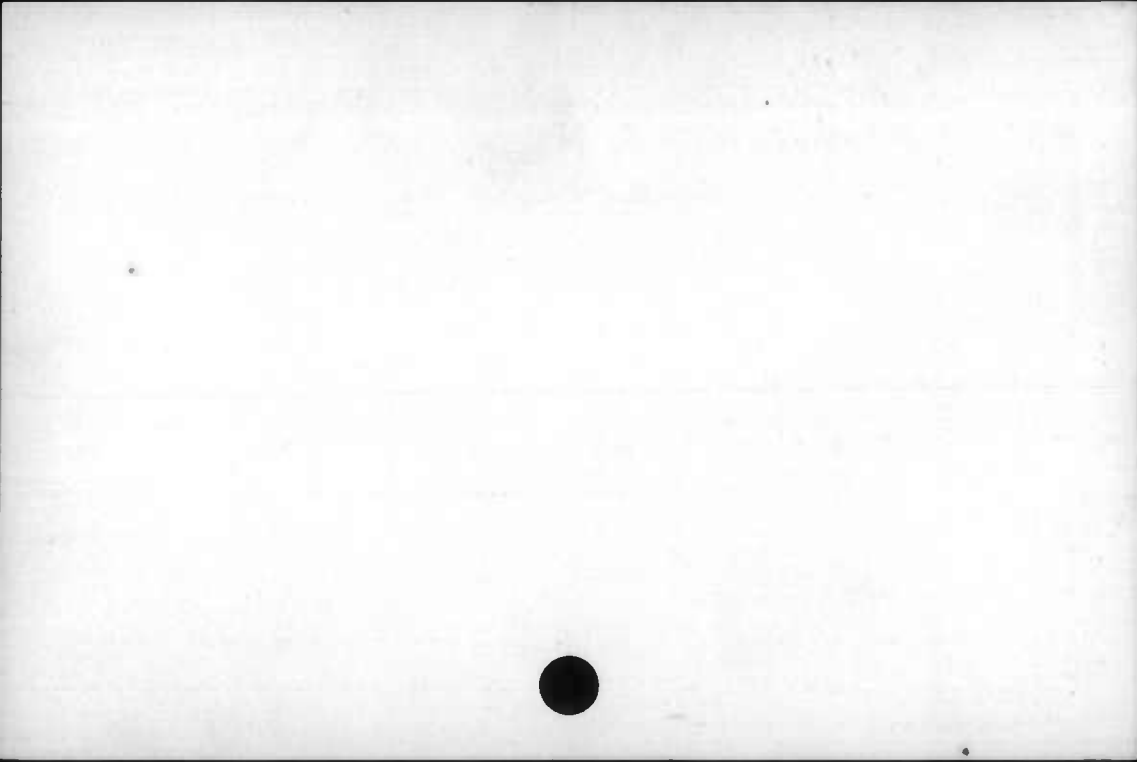
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *L. Roger Myers*

Address *Hurlock*

Accident or Suicide?

md



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Catherine Deaw +
Town *North* County *Caroline* MARYLAND

Died at *North* Month *May* Day *20* Years *67* Months *7* Days *16*

Date of death *1909* Age *67*

Sex *Female* Color or Race *White* Birth-place *Caroline Co.*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Robert H. Deaw*

Father's Name *Robert Hignett* Father's Birthplace *Caroline Co.*

Mother's Maiden Name *Mary Tawers* Mother's Birthplace *Caroline Co.*

Name of person giving Information *Robert H. Deaw* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Carcinoma (Breast)* How long *1 Year*

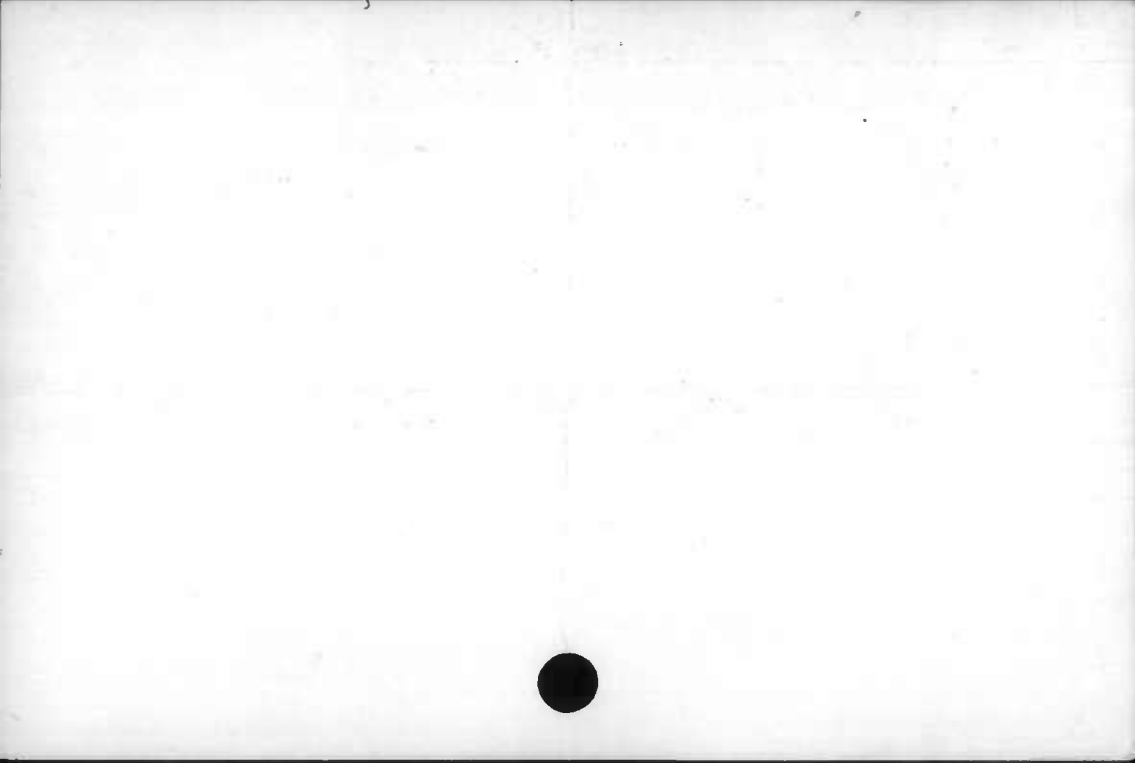
Immediate *Exhaustion* How long *1 month*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *F. T. Brooks*

Address *Federalburg Maryland*

Accident or Suicide



Name
in
Full

Mamie Elisabeth - Roe Harlow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Greensboro</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1909	Month	May	Day	20
Age		31		Months	1
Sex		Female		Color or Race	White
Birthplace		Greensboro, Md.			
Occupation		Hook.			
Where Residing if not at place of death					
Married, Single or Widowed	Married		Name of Wife or Husband	Fred Harlow	
Father's Name	L. Fred Roe		Father's Birthplace	Maryland	
Mother's Maiden Name	Mary Emma Lofton		Mother's Birthplace	Delaware	
Name of person giving Information	Charles C Roe		How related to deceased	Brother	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>		How long	<i>Seven months</i>
Immediate	<i>"</i>		How long	
Are the name, age, sex, color, data and place correctly given above?		<i>yes</i>	Signature of Physician	<i>W. J. Foldsberry</i>
			Address	<i>Greensboro, Md.</i>
Accident or Suicide				

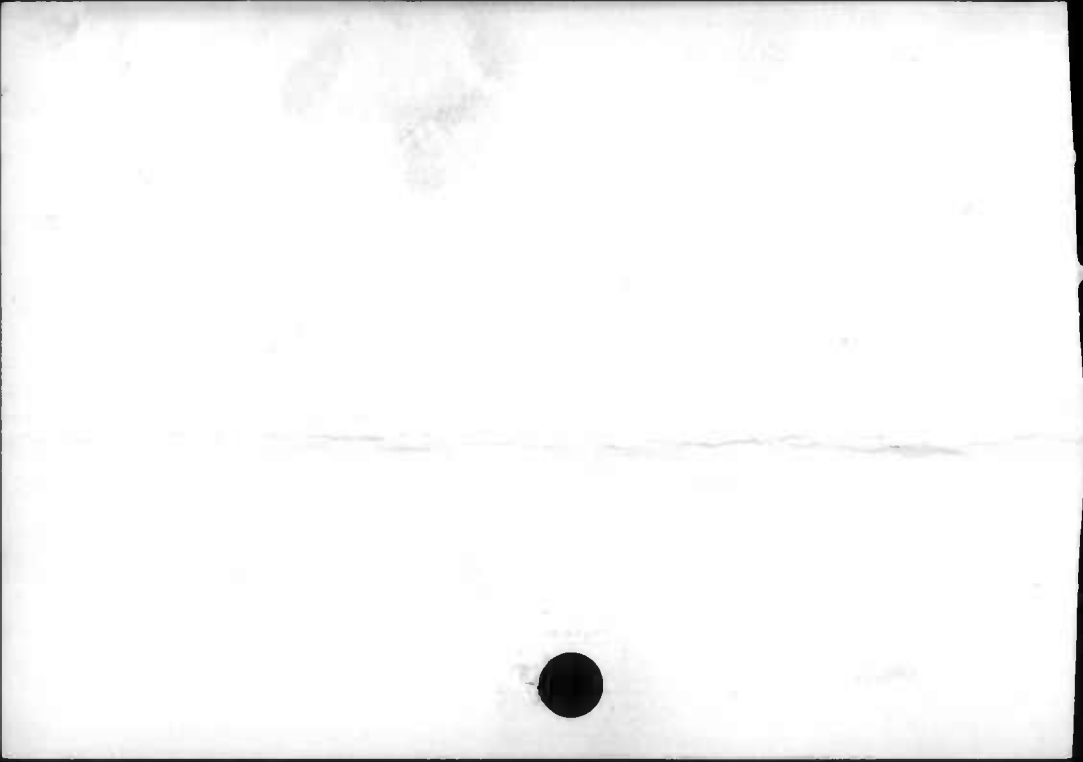


CERTIFICATE OF DEATH

Effie Hockstetter
 Died at *New Goldsboro* *Caroline* County *+*
 Maryland
 Date of death 190 *9* Month *May* Day *20* Age *72* Years Months Days
 Sex *Female* Color or Race *Black* Birth place *Delaware*
 Occupation *Home-wife* Where Residing if not at place of death
 Married, Single or Widowed *married* Name of Wife or Husband *John Hockstetter*
 Father's Name *Andrew Benson* Father's Birthplace *Delaware*
 Mother's Maiden Name *Ann Hanner* Mother's Birthplace *Delaware*
 Name of person giving Information *Geo. Hockstetter* How related to deceased *Son*

CAUSES OF DEATH

Primary *Pneumonia* How long *Unknown*
 Immediate *Organic Heart Disease* How long *Sudden*
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *L. S. Siver*
 Address *Goldsboro*
 Accident or Suicide *md*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

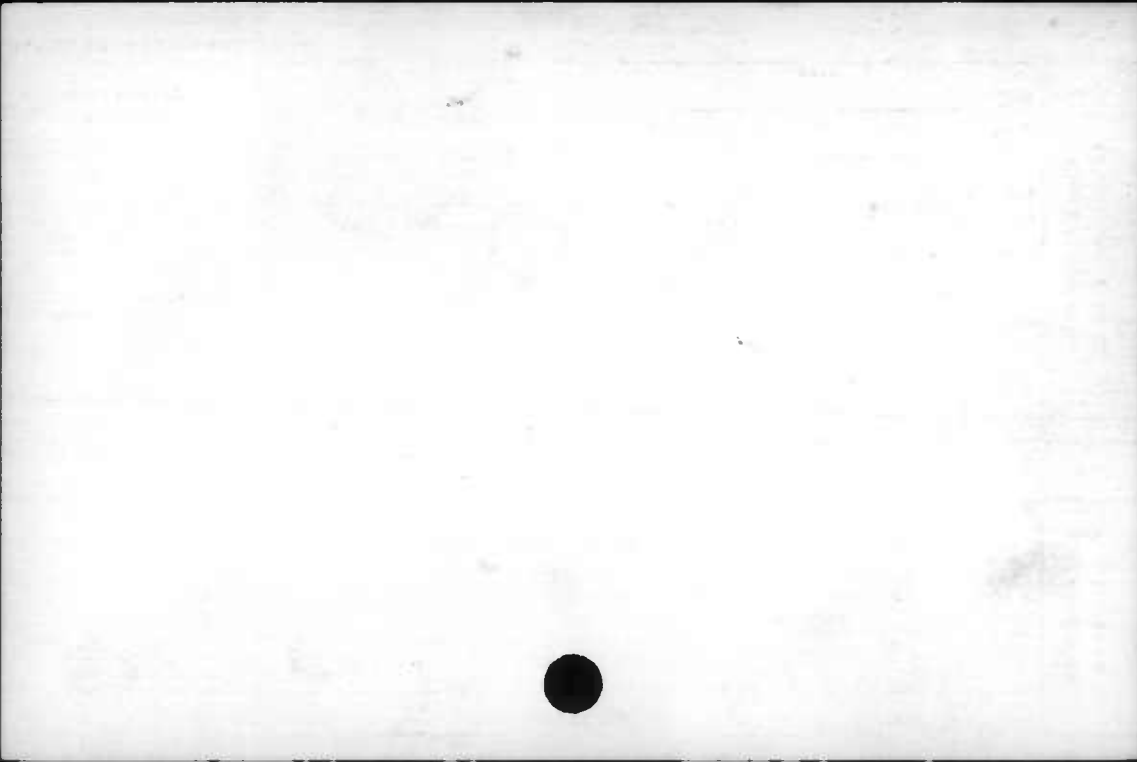
Name in Full <i>Thomas A. Jones</i>		Town <i>Denton</i>		County <i>Caroline</i>		State MARYLAND	
Died at <i>Denton</i>		Month <i>5</i>		Day <i>16</i>		Years <i>73</i>	
Date of death <i>1909</i>		Month <i>5</i>		Day <i>16</i>		Age <i>73</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Delaware</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lucy Jones</i>					
Father's Name <i>Thomas Jones</i>				Father's Birthplace <i>Delaware</i>			
Mother's Maiden Name <i>Sallie Fox</i>				Mother's Birthplace <i>Delaware</i>			
Name of person giving Information <i>H. H. Jones</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>		How long <i>4 years</i>	
Immediate <i>Same</i>		How long <i>6 months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>P. R. Fisher</i>	
		Address <i>Denton</i>	
Accident or Suicide <i>No</i>		<i>May</i>	



Name
in
Full

Wm F. Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

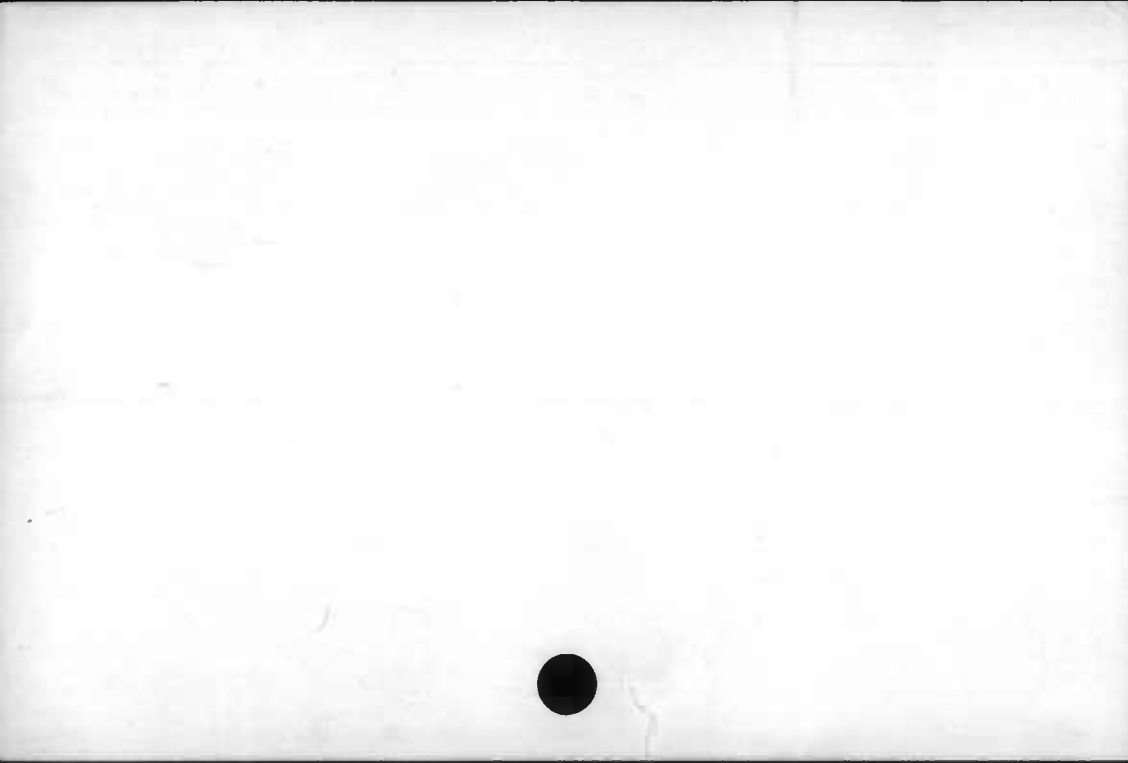
Died at <u>Greensboro</u> Town		<u>Caroline</u> County		MARYLAND	
Date of death	1909	Month	May	Day	27
Age		52		Years	
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Thomas Fisher		Father's Birthplace Maryland		
Mother's Maiden Name	Amelia A. Collison		Mother's Birthplace "		
Name of person giving Information	George M. Fisher		How related to deceased Brother		

CAUSES OF DEATH

130

PHYSICIAN
OR CORNER

Primary	Bright disease	How long	Don't know
Immediate	"	How long	Two weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. J. Alderbrook
		Address	Greensboro, Md.
Accident or Suicide			



Name
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		May	18				2
Sex	male	Color or Race	white	Birth-place	Md.		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	Eugene Lynch			Father's Birthplace	Md.		
Mother's Maiden Name	Edna M. Kuster			Mother's Birthplace	Md.		
Name of person giving Information	Eugene Lynch			How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inanition		How long	151
Immediate	Inanition		How long	2 day &
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. Stone M. D.	
		Address	Ridgely Md.	
Accident or Suicide				

Lord
Denton

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

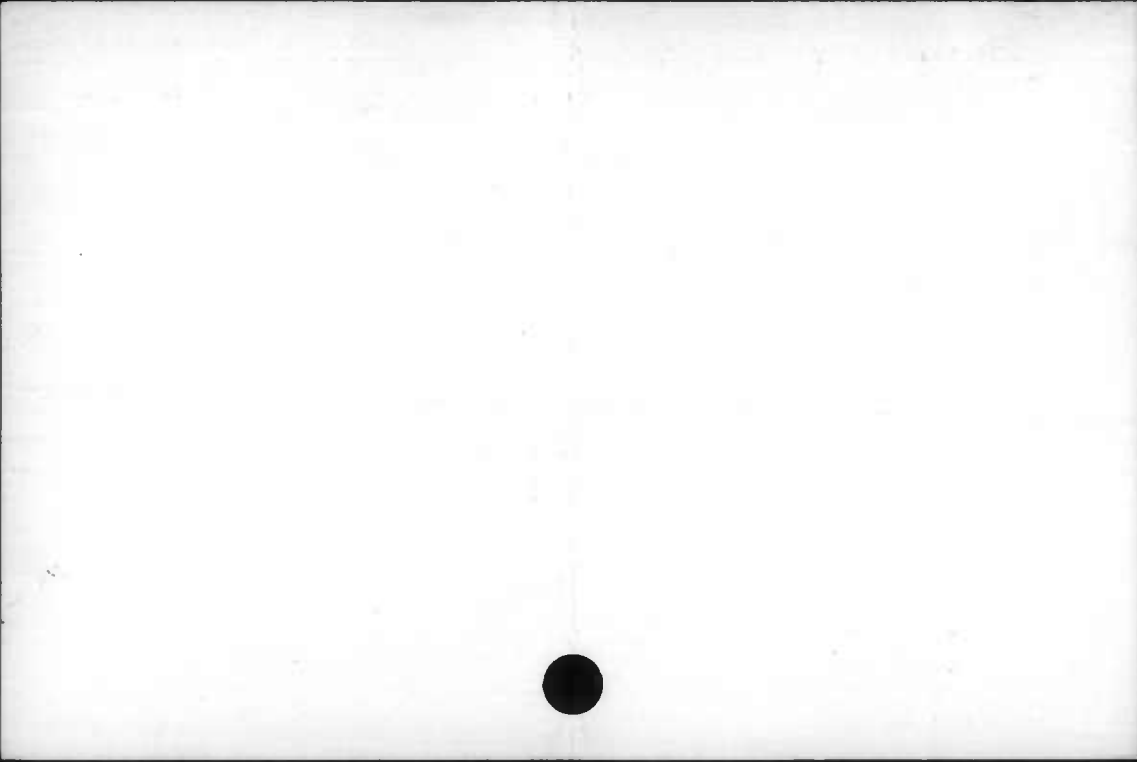
Joseph M Noble
Died at ^{Town} Federalsburg ^{County} Caroline
Date of death 1909 ^{Month} May ^{Day} 22 ^{Age} 76 ^{Years} 7 ^{Months} 7 ^{Days}
Sex male ^{Color or Race} white ^{Birth-place} md
Occupation retired farmer ^{Where Residing if not at place of death}
Married, Single or Widowed married ^{Name of Wife or Husband} Catherine L Noble
Father's Name Joshua Noble ^{Father's Birthplace} md
Mother's Maiden Name Ann Mobray ^{Mother's Birthplace} md
Name of person giving Information J M Noble ^{How related to deceased} Son

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary Apoplexy ^{How long} sudden
Immediate
Are the name, age, sex, color, date and place correctly given above? yes
Signature of Physician R K Jefferson
Address Federalsburg md
Accident or Suicide



Name
in
Full

Alvins Rider

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

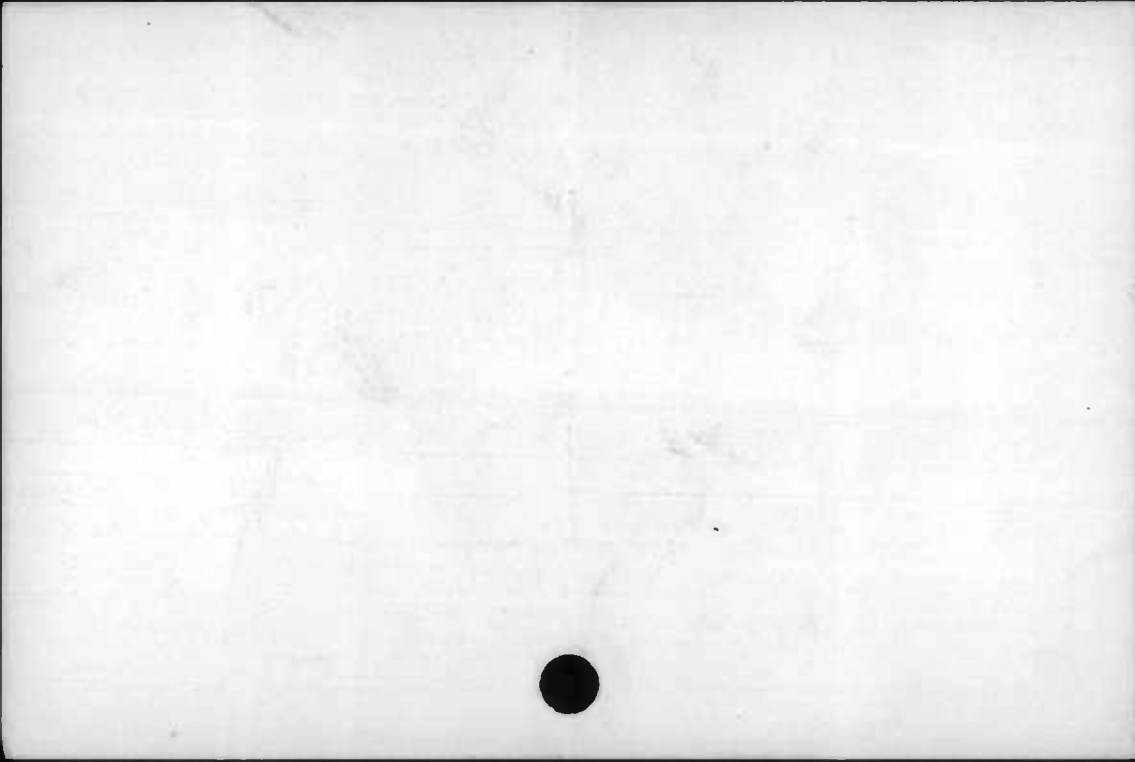
Died at		Town Fiddlersburg		County Caroline		MARYLAND	
Date of death		1909	Month 8	Day 31	Age 24	Years	Months -
Sex male		Color or Race Black		Birth-place Caroline Co.			
Occupation Fire factory worker		Where Residing (if not at place of death) New Shepherd					
Married, Single or Widowed		Name of Wife or Husband Nancy Shepherd					
Father's Name Henry Rider		Father's Birthplace Caroline					
Mother's Maiden Name Ananda Rouch		Mother's Birthplace Caroline					
Name of person giving information Charles Ricketts		How related to deceased Sister					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Gastritis.	How long	Several years
Immediate	Apoplexy.	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. F. Falloway	
		Address Fiddlersburg, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

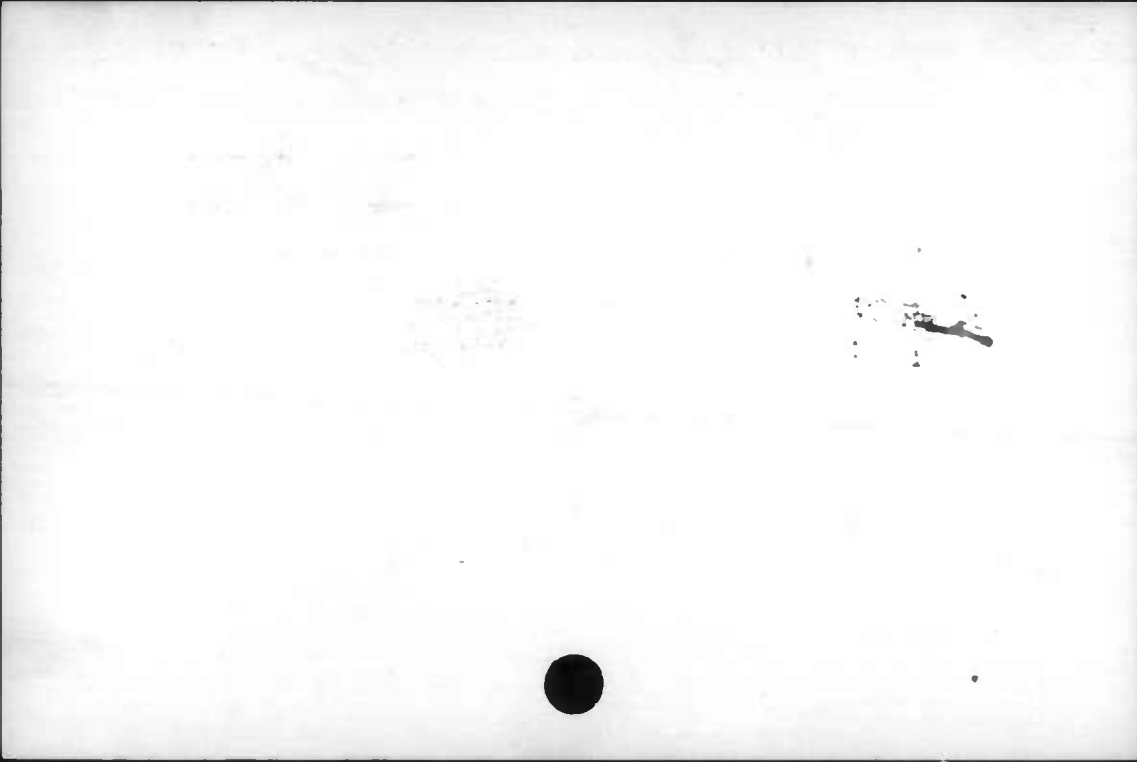
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Not named</i> Town <i>Robinson</i> County <i>Caroline</i>		MARYLAND	
Date of death 190 <i>9</i>	Month <i>5</i>	Day <i>26</i>	Age <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Ind</i>	
Occupation <i>none</i>	Where Residing if not at place of death <i>same</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Bayard S. Robinson</i>	Father's Birthplace <i>Delaware</i>		
Mother's Maiden Name <i>Albie Paine</i>	Mother's Birthplace <i>Ind</i>		
Name of person giving Information <i>Bayard S. Robinson</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born</i>	How long <i>8</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>P. R. Fisher</i>
	Address <i>Denton Ind</i>
Accident or Suicide <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

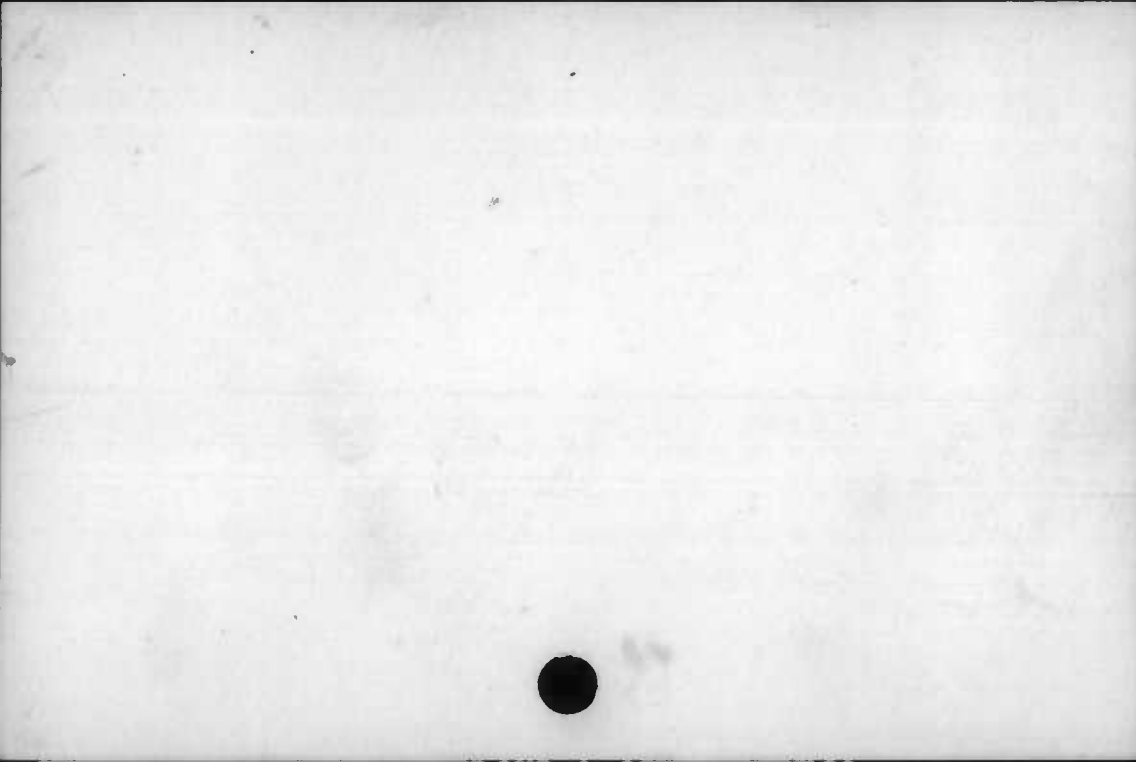
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Marydel</u> ^{Town}		<u>Caroline</u> ^{County}		MARYLAND	
Date of death	<u>1909</u> ^{Month}	<u>27</u> ^{Day}	Age <u>73</u> ^{Years}	<u>-</u> ^{Months}	<u>-</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Ind -</u>		
Occupation <u>House work</u>	Where Residing if not at place of death <u>-</u>				
<input checked="" type="checkbox"/> Married, Single <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband <u>John Terikner</u>				
Father's Name <u>Doct. Kramer</u>	Father's Birthplace <u>Doct. Kramer</u>				
Mother's Maiden Name <u>Doct. Kramer</u>	Mother's Birthplace <u>Doct. Kramer</u>				
Name of person giving information <u>Henry Mikerson</u>	How related to deceased <u>none</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Heart disease</u>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <u>yes-</u>		Signature of Physician <u>J. R. Smith, M.D.</u>
		Address <u>Simpleville Ind</u>
Accident or Suicide? <u>-</u>		



Name
in
Full

Had no name

Tharp

CERTIFICATE OF DEATH

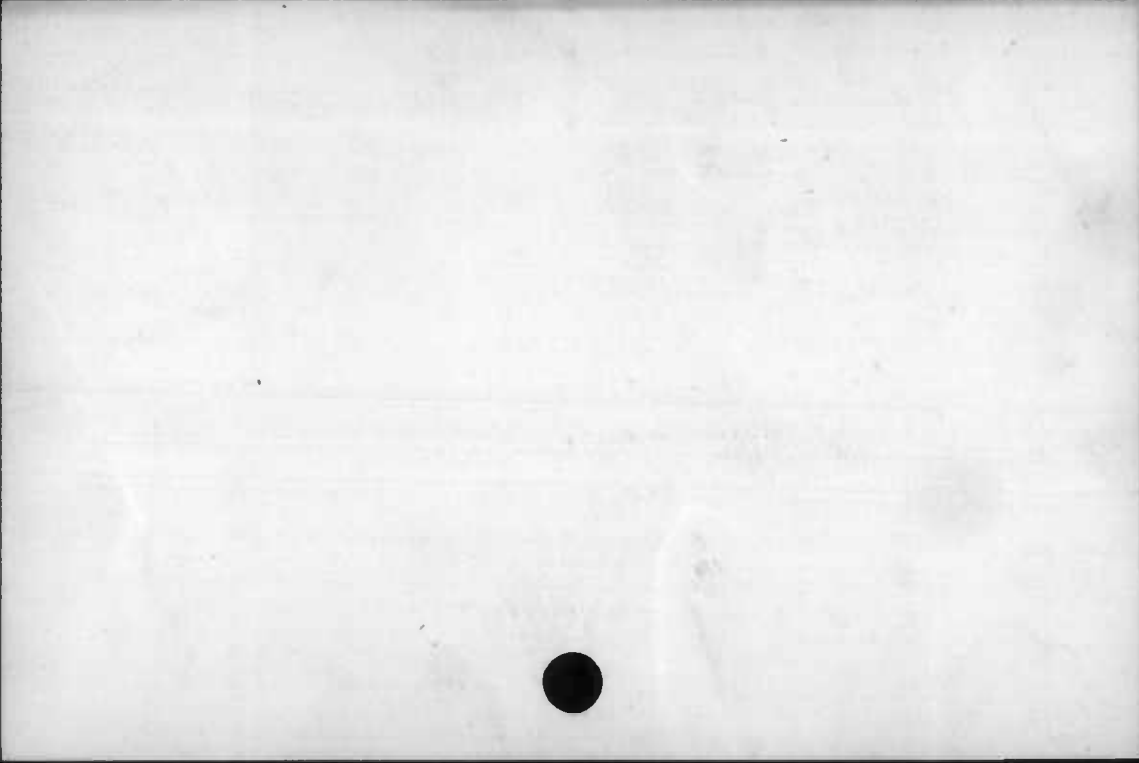
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Maydel		County Carroll		MARYLAND	
Date of death	1909	Month Aug	Day 14	Age	Years —	Months 4	Days —
Sex	Female		Color or Race	white		Birth-place	Dela
Occupation	none			Where Residing if not at place of death at home of brother			
Married, Single or Widowed	single		Name of Wife or Husband —				
Father's Name	Wm Tharp					Father's Birthplace	Maryland
Mother's Maiden Name	Mary Palmer					Mother's Birthplace	Dela
Name of person giving information	John Shuckhorkes,					How related to deceased	nephew

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus		How long	2 months
Immediate	malnutrition		How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	H. E. Evans
			Address	Maydel, Md.
Accident or Suicide?				



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Federalburg		County		Caroline		MARYLAND															
Date of death		1909		Month		May		Day		31		Age		40		Months		7		Days		20	
Sex		Female		Color or Race		Black		Birth-place		Federalburg													
Occupation		Maid		Where Residing if not at place of death																			
Married, Single or Widowed		Single		Name of Wife or Husband																			
Father's Name		Frederick Washington		Father's Birthplace		Charles Co. Md.																	
Mother's Maiden Name		Sarah Ann Handue		Mother's Birthplace		Charles Co. Md.																	
Name of person giving information		Caroline Thomas		How related to deceased		Sister																	

CAUSES OF DEATH

Primary	Carcinoma Uterine	How long	42	1 yr.
Immediate	Exhaustion	How long		1 mo.
Are the name, age, sex, color, date and place correctly given above?		Yes.		
Signature of Physician		F. J. Brock		
Address		Federalburg Md.		
Accident or Suicide				

PHYSICIAN
OR CORONER



Name
in
Full

Edwin Welch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

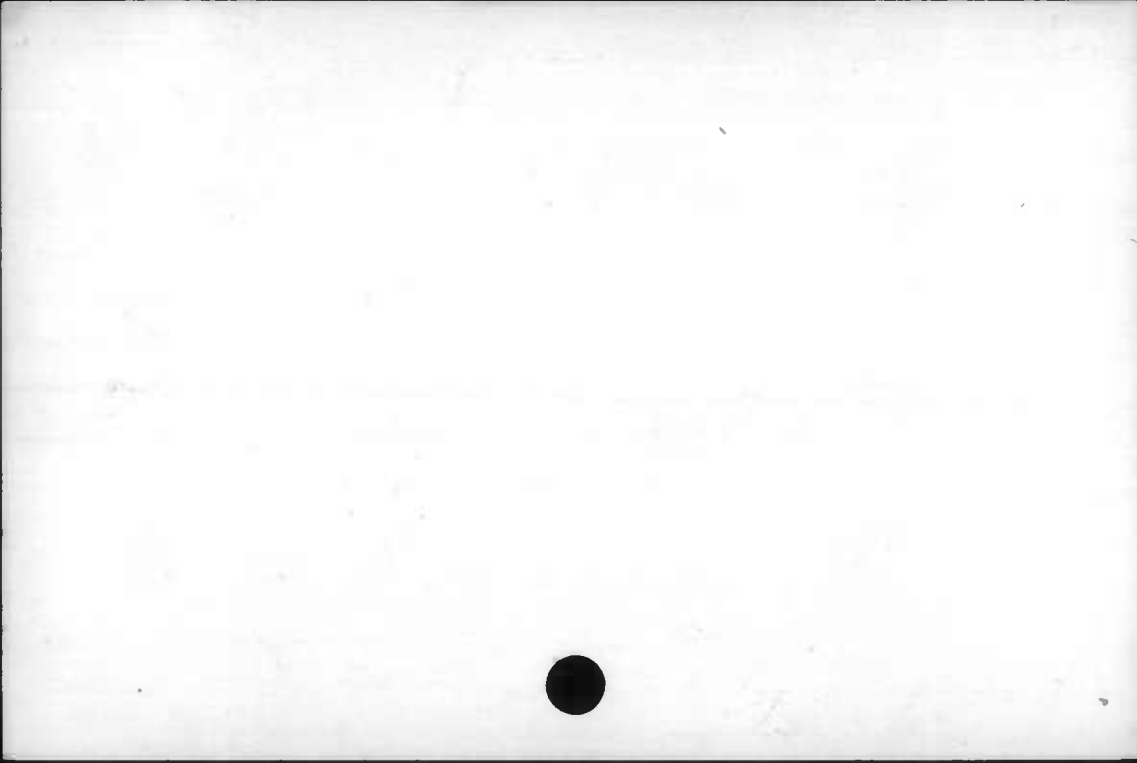
Town *Denton* County *Caroline* *+*
 Died at *Denton* *MARYLAND*
 Date of death 190 *9* Month *5-* Day *15-* Age *1* Months *4* Days *-*
 Sex *Male* Color or Race *White* Birth-place *Indy*
 Occupation *None* Where Residing if not at place of death *Same*
 Married, Single or Widowed *Single* Name of Wife or Husband *None*
 Father's Name *Benjamin Welch* Father's Birthplace *Indy*
 Mother's Maiden Name *Adeline Pearson* Mother's Birthplace *Indy*
 Name of person giving Information *John W. Wright* How related to deceased *Not related*

CAUSES OF DEATH

175

PHYSICIAN
OR CORONER

Primary *Dissection* How long *One week*
 Immediate *Over dose of morphine given by mistake* — How long —
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *P. A. Fisher*
 Address *Denton Ind*
 Accident or Suicide *Accident*



Name
in
Full

Charles H. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Maryland</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1909	Month	5	Day	21
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Md.</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Catherine Wilson</i>			
Father's Name <i>John Wilson</i>		Father's Birthplace <i>Not known</i>			
Mother's Maiden Name <i>Harriet Wickerson</i>		Mother's Birthplace <i>Not known</i>			
Name of person giving information <i>Elsworth Mathews</i>		How related to deceased <i>Brother in law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	
Signature of Physician <i>J. R. Smith</i>	
Address <i>Templeville Md.</i>	
Accident or Suicide?	

